

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Steve Sell & Hal Rasmussen	
Address P. O. Box 5061, Midland, Texas 79704	
Reason(s) for filing (Check proper box)	Other (Statehead GAS MUST NOT BE FLARED AFTER 11-3-81 UNLESS AN EXCEPTION TO RULE 1104 IS OBTAINED.)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR and address of previous owner, NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maralo State	Well No. 1	Pool Name, including Formation Cimarron R-8501	S.A. Grayburg	Kind of Lease State, Federal or Fee State	Lease No. E 7183
Location Unit Letter M ; 330 Feet From The South Line and 660 Feet From The West Line of Section 28 Township 18 Range 37, NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

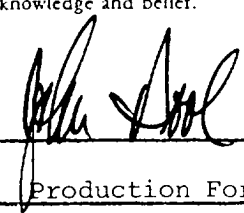
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading and Transportation Company	Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> (None Yet)	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28
	Twp. 18	Rge. 37
Is gas actually connected?	When 10/87	

If this production is commingled with that from any other lease or pool, give commingling order number: No

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)  
Production Foreman  
(Title)  
9/15/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 17 1987, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
6/12/87	8/20/87	4610		4100 - CIBP					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3713' G.L.	Grayburg	3910		4050					
Perforations				Depth Casing Shoe					
3938-3949 - 22 shots				4600					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	415	280
7 7/8"	5 1/2"	4600	250/800

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
9-3-87		9-8-87		Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24	-	25			
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF		
80	80	5	100		

#### GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size